ORIGINAL ARTICLE

Vaginal Hysterectomy in a Nigerian Tertiary Health Facility

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Abstract

Background: *Despite evidence that vaginal hysterectomyoffers advantages in regard to operative time, complication rates and return to normal activities, gynaecologists remain reluctant to change their practice patterns because of concerns about safety and feasibility of the vaginal approach. We reviewed cases of vaginal hysterectomies done in Nnamdi Azikiwe University Teaching Hospital Nnewi, Nigeria over a ten year period.*

Method: *This is a retrospective analysis of cases of vaginal hysterectomy that were done in the hospital between 1st January 1998 and 31st December 2007. Data was analyzed with Epi info version 3.3.2. Outcome measures include duration of hospital stay, indication for the surgery, postoperative morbidity and mortality and the need for blood transfusion.*

Result: *Hysterectomy accounted for 224 of 1,370 gynaecological surgeries (16.4%). Vaginal hysterectomy was responsible for 47 (21.0%) of these 224 cases and accounted for 3.7% of all gynaecological surgeries. Majority of the patients were in the 7th decade of life with a mean age of 65.2± 6.8. Most (87.5%) patients were retired farmers and grandmultiparous with a mean parity 6.5±2.4). Utero-vaginal prolapse was the only indication for the surgery.*

The only postoperative complication accounted was febrile morbidity which was reported in 5 (10.6%) of the patients. had febrile morbidity. There were no cases of conversion to abdominal procedure. All the surgeries were done by the consultants.

Conclusion: *Vaginal hysterectomy was safe and associated with minimal morbidity to the patient. The only indication was uterovaginal prolapse and all the procedures were done by the consultants. There is need to transfer the skill to the Residents.*

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Introduction

Hysterectomy which is the surgical extirpation of the uterus is a traditional surgery in the gynaecological practice. It can be through the abdominal, vaginal or the laparoscopic approaches. Owing to the fact that abdominal hysterectomy is associated with less favorable medical outcomes, evidence supports its use only when documented pathologic conditions preclude the vaginal route.[1-4]

However, certain conditions are traditionally thought to contraindicate the vaginal approach. These include uterus that is "too big," vagina that is "too narrow, pubic arch less than 90 degrees or a uterus that "will not come down." [5-6] Other conditions include adhesions, endometriosis, adnexal disease, previous pelvic surgery and chronic pelvic pain[7-9]

Many of these traditional indications for the selection of an abdominal hysterectomy were never subjected to vigorous review and, in many cases, have been shown to be invalid[5,6]

Performing abdominal hysterectomy when a vaginal approach would have sufficed, unnecessarily subjects women to greater risk of complications, longer recuperation, and poorer postoperative quality-of-life outcomes.[4]

This study is a ten year review of vaginal hysterectomies done in Nnamdi Azikiwe University Teaching Hospital Nnewi Southeastern Nigeria.

Method

The case notes of patients who had vaginal hysterectomy in the hospital between 1st January 1998 and 31st December 2007 were retrieved from the Records department and analyzed for sociodemographic characteristics, indications for surgery and postoperative complications. Data analysis was done with Epi info version 3.3.2.

Result

Hysterectomies accounted for 224 of 1,370 gynaecological surgeries (16.4%) done within the review period. Forty seven (21.0%) out of these 224 cases were vaginal hysterectomies and accounted for 3.7% of all gynaecological surgeries.

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As shown in table i, majority of the patients were in the 7th decade of life with a mean age of 65.2± 6.8. Most (87.5%) patients were retired farmers and grandmultiparous with a mean parity,6.5±2.4). Utero-vaginal prolapse was the only indication for surgery. (Table ii)

The only postoperative complication was febrile morbidity which was encountered in 5(10.6%) patients. Two (4.3%) patients had prolonged hospital stay and all the surgeries were done by the consultants.

Table I: Sociodemographic characteristics

Sociodemographic characteristics	N=47	%
Age		
<60	5	10.6
61-70	33	70.2
>70	9	19.2
Parity		
0	1	2.2
1-4	10	21.3
e5	36	76.5
Occupation		
Retired farmer	41	87.5
Trader	2	2.5
Retired civil servant	4	10.0

Table II: Operative characteristics

Operative characteristics	N=47	%
Indications for surgery		
Third degree U-V* prolapse	38	80.9
Second degree UV prolapse	7	14.9
First degree UV prolapse	2	4.2
Cadre of surgeon		
Consultants	47	100.0
Hospital stay		
d 7 days	45	95.7
7-14 days	2	4.3

*Uterovaginal prolapse

Discussion

Vaginal hysterectomy accounted for 21.0% of all hysterectomies done during the study period. This trend is similar to 19.6% and 22.0% reported in previous work done in Benin[10] and Ilorin[11], Nigeria. This may be attributable to the fact that the only indication for vaginal hysterectomy in these reports, as also documented in this study, is uterovaginal prolapse. Consideration should be given to performing hysterectomy through the vaginal route for the common indications for hysterectomy in our environment which includes dysfunctional uterine bleeding, chroic pelvic pain and small uterine fibroids.[10,12] This is because current evidence sows that abdominal hysterectomy is associated with prolong hospital stay, delayed return to normal activity and more postoperative morbidity and mortality when compared to vaginal hysterectomy.[1-4]

Randomized studies that compared the advantages, disadvantages, and outcomes in patients who underwent abdominal or vaginal hysterectomy for enlarged symptomatic uteri that ranged from 200 to 1300 g demonstrated the advantages of the vaginal route in terms of operative time, febrile morbidity, less demand for narcotics, and reduction in hospital stay.[13] No major postoperative complication or death was encountered during the period under review. Only 5(10.6%) of the patients suffered febrile morbidity. All the surgeries were done by the consultants. Therefore, there is a need to train the residents to avert loss of the skill for vaginal hysterectomy with time

Conclusion

Vaginal hysterectomy is very safe and associated with very minimal morbidity to the patient. There is the need to widen the indications and train more residents in the skill for the surgery

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